

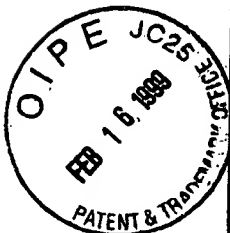
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PTO/SB/61 (12-87)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED  
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

Docket Number (Optional)

First named inventor: KAREN L. HUFF

Group Art Unit: 1751

Application Number: 08/910,548

Examiner: LORNA DOUYON

Filed: DECEMBER 26, 1995

Title: THROUGH THE WASHER DRYER POUCH TYPE DETERGENT BAG AND METHOD OF USE

Attention: Office of Petitions  
Assistant Commissioner for Patents  
Box DAC  
Washington, D.C. 20231

RECEIVED  
FEB 24 1999  
OFFICE OF PETITIONS  
DEPUTY A/C PATENTS

NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (703)305-9282.

The above-identified application became abandoned for failure to file a timely and proper response to the Office action mailed on 5/21/98, which set a 3 month/day period for response. The abandonment date of this application is 11/25/98 (i.e., the day after the expiration date of the period set for response plus any extensions of time obtained therefor).

**APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION**

NOTE: A grantable petition requires the following items:

- (1) Petition fee;
- (2) Proposed response and/or issue fee;
- (3) Terminal disclaimer with disclaimer fee -- required for all utility and plant applications filed before June 8, 1995, and for all design applications; and
- (4) Adequate showing of the cause of unavoidable delay

1. Petition fee

02/18/1999 DUONG 00000093 08910548

☒ small entity - fee \$ 55.00 (37 CFR 1.17(l))

01 FC:240

55.00 OP

☐ small entity statement enclosed herewith.

☒ small entity statement previously filed.

☐ other than small entity - fee \$ \_\_\_\_\_ (37 CFR 1.17(l)).

02/23/1999 DUONG1 00000002 08910548

2. Proposed response and/or fee

01 FC:242

660.00 OP

A. The proposed response to the above-noted Office action

☒ in the form of ISSUE FEE TRANSMITTAL (identify the type of response):  
was previously filed on August 21, 1998

☐ is enclosed herewith.

B. The issue fee of \$ 660.00

☒ was previously paid on August 21, 1998-Returned for insufficient funds

☒ is enclosed herewith.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 1.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED  
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

**3. Terminal disclaimer with disclaimer fee**

- ☒ Since this utility/plant application was filed on or after June 8, 1995, no terminal disclaimer is required.
- ☐ A terminal disclaimer (and disclaimer fee (37 CFR 1.20(d)) of \$\_\_\_\_\_ for a small entity or \$\_\_\_\_\_ for other than a small entity) equivalent to the number of months from abandonment to the filing of this petition is enclosed herewith.

**4. An adequate showing of the cause of the delay, and that the entire delay in filing the required reply from the due date for the reply until the filing of a grantable petition under 37 CFR 1.137(a) was unavoidable, is enclosed.**

2-11-1999  
Date

[Signature]  
Signature

Telephone  
Number: (619) 464-1089

KAREN L. HUFF  
Typed or printed name

8215 ORCHARD AVE., #6  
Address

LA MESA, CA 91941

- Enclosures: ☒ Additional sheets containing statements establishing unavoidable delay
- ☒ Fee Payment
- ☐ Response
- ☐ Terminal Disclaimer Form
- ☐ Small Entity Status Form
- ☒ COPY OF DEATH CERTIFICATE AND BILL FROM FUNERAL HOME

By completing the Certificate of Mailing, below, the date mailed will be considered the date this correspondence is filed.

**CERTIFICATE OF MAILING [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Box DAC, Washington, D.C. 20231.

2-11-1999  
Date

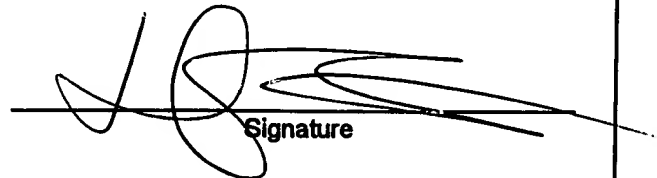
[Signature]  
Signature

KAREN L. HUFF  
Typed or printed name of person signing Certificate

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED UNAVOIDABLY UNDER  
37 CFR 1.137(a)**

**NOTE:** The following showing of the cause of unavoidable delay must be signed by all applicants and by any other party who is presenting statements concerning the cause of delay.

2-11-1999  
Date

  
Signature

KAREN L. HUFF

Typed or printed name

(In the space provided below, please explain in detail the reasons for the delay in filing a proper response)  
The prosecution of my patent application has been a nightmare since the patent office lost my patent application. Hopefully this petition will straighten things out.

My check for the patent issue fee was not good due to the death of my mother Khadisah Bey. Please note the death certificate lists me as informant. The funeral arrangements and financial obligations relating to the services, i.e., the service contract was also signed by me; making me totally responsible for the expenses relating to the funeral. My mother resided at 321 S. Larch St., Pine Bluff, AR 71601. Since I live in San Diego, I had to fly to Pine Bluff to make funeral arrangements and absorb the cost of my air fare to and from Arkansas, hotel accommodations rental car, and food. But the biggest expense was the cost of the funeral.

I was forced to spend an estimated \$3,900.00 related to the death. Since my portion of the funeral expenses well exceeded the \$660.00 dollar issue fee due, I had saved and budgeted for, I had no choice but to spend all the funds in my checking account and savings accounts to pay such expenses. Note such expenses occurred in July 1998, less than a month prior to my patent issue fee date. This left me in debt for the rest of 1998. As a result, I had insufficient funds left in my checking account to pay the check issued to the patent office.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2-11-1999  
Date

  
KAREN L. HUFF

**BROWN FUNERAL HOME**  
2704 Commerce Circle, Pine Bluff, AR 71601  
(870)534-3210

DATE July 16, 1998

SERVICE NO. P0525MK

DECEASED NAME KHADISAH BEY

DATE OF DEATH July 15, 1998

PLACE OF DEATH PINE BLUFF, AR

Charges are only those items that you selected or that are required. If we are required by law or by a cemetery or a crematory to use any items we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

**STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED, AGREEMENT & PROMISSORY NOTE**

**A. CHARGE FOR SERVICES:**

1. Professional Services

Funeral Director & Staff \$ 200.00  
Embalming \$ \_\_\_\_\_  
Other preparation of body \$ 85.00  
Dressing \$ \_\_\_\_\_  
\$ 285.00

2. Facilities and Related Staff Charges

Facilities for viewing \$ \_\_\_\_\_  
Equ. & Staff for chur. Serv \$ 125.00  
Facilities for funeral \$ \_\_\_\_\_  
Facilities for memorial \$ \_\_\_\_\_  
Facilities for wake \$ \_\_\_\_\_  
\$ 125.00

3. Automotive Equipment

Transfer of Remains \$ 100.00  
Hearse \$ 135.00  
Limousine \$ \_\_\_\_\_  
Flower car \$ \_\_\_\_\_  
Pallbearers car \$ \_\_\_\_\_  
Out of town charge \$ \_\_\_\_\_  
Extra limousine \$ \_\_\_\_\_  
\$ 235.00

**B. CHARGE FOR MERCHANDISE:**

Casket \$ 850.00  
MISTY ROSE 20g SEALER Q88  
Outer Container \$ \_\_\_\_\_  
GRAVE MARKER \$ 20.00  
BODY BAG \$ 50.00  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 920.00

The only warranty on the casket and/or outer burial container sold in connection with this service is the express written warranty, if any, granted by the manufacturer. This funeral home makes no warranty, express or implied, with respect to the casket and/or outer burial container.

**C. SPECIAL CHARGES:**

Forwarding of remains to \$ \_\_\_\_\_  
Receiving of remains from \$ \_\_\_\_\_  
Immediate Burial \$ \_\_\_\_\_  
Direct Cremation \$ \_\_\_\_\_  
\$ \_\_\_\_\_

**D. CASH ADVANCES:**

Family Flower \$ 85.00  
Death Certificate \$ 5.00  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

We charge you for our services in obtaining: NONE

\$ 90.00

**SUMMARY OF CHARGES:**

A. CHARGES FOR SERVICES \$ 645.00  
B. CHARGES FOR MERCHANDISE \$ 920.00  
C. SPECIAL CHARGES \$ \_\_\_\_\_  
D. CASH ADVANCES \$ 90.00  
E. SALES TAX, IF APPLICABLE \$ 66.58  
TOTAL FUNERAL HOME CHARGES \$ 1721.58

**LESS CREDIT AND PREPAYMENTS:**

LESS SERVICE DISCOUNTS \$ \_\_\_\_\_  
LESS LIFE INSURANCE \$ \_\_\_\_\_  
LESS V.A. BENEFIT \$ \_\_\_\_\_  
LESS AMOUNT PAID \$ \_\_\_\_\_  
TOTAL CREDIT \$ \_\_\_\_\_

BALANCE DUE \$ 1721.58

If any law, cemetery or crematory requirements have required the purchase of any of the items listed above the law or requirement is explained below.

NONE

Reason for embalming NONE

Billing To KAREN HUFF

8215 ORCHARD AVE

LA MESA, CA 91941

I hereby agree that I have examined the above stated items and found them to be correct and according to the arrangements requested and I hereby acknowledge receipt of a copy of this memorandum and agreement. I hereby represent that I have sufficient funds and assets legally available for payment of cash price and hereby agree and covenant jointly and severally to make payments of \$ 1721.58 within 0 days. A late charge of 0.83% per month amounting to 10.00% per year is applied to the unpaid balance beginning 0 days from the date of this agreement. Any additional services or merchandise ordered or requested after the date of this agreement will be considered part of this agreement and the cost thereof will be reflected on the final statement. I acknowledge that I have received the general price list and have been offered for review the casket price list and the outer burial container price list.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Co-Signed [Signature] 7/23/98 Dated \_\_\_\_\_  
Name of funeral home representative

Relationship to Deceased \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_  
Initials [Initials]

# CERTIFICATE OF DEATH

REGISTRAR

1. DECEASED'S NAME (Last, first, middle initial) <b>Karen Huff</b>		2. DATE OF DEATH (Month, Day, Year) <b>July 15, 1998</b>		3. SEX <b>Female</b>		4. RACE <b>White</b>	
5. SOCIAL SECURITY NUMBER <b>432-32-5981</b>		6. BIRTHDAY <b>6/1</b>		7. BIRTHPLACE <b>October 14, 1936</b>		8. BIRTHPLACE (State or Country) <b>Wabbaseka, Arkansas</b>	
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>		10. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other <b>Home</b>		11. NURSING HOME <b>No</b>		12. OTHER (Specify) <b>No</b>	
13a. FACILITY NAME (If not known, give address of funeral home) <b>421 South Larch Street</b>		13b. CITY/TOWN OR LOCATION OF DEATH <b>Pine Bluff</b>		13c. COUNTY OF DEATH <b>Jefferson</b>		14. MARITAL STATUS <b>Married</b>	
15. SURVIVING SPOUSE (Name, give maiden name) <b>None</b>		16. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Homemaker</b>		17. KIND OF BUSINESS (If any) <b>Own home</b>		18. RESIDENCE - STATE <b>Arkansas</b>	
19. COUNTY <b>Jefferson</b>		20. CITY/TOWN OR LOCATION <b>Pine Bluff</b>		21. STREET AND NUMBER <b>321 South Larch Street</b>		22. ZIP CODE <b>71601</b>	
23. DECEASED'S OCCUPATION (Specify, give grade, years, etc.) <b>None</b>		24. RACE <b>Black</b>		25. DECEASED'S EDUCATION (Specify only highest grade completed) <b>Elementary Secondary (9-12) College (1-4 or 5)</b>		26. FATHER'S NAME (First, middle, last) <b>Walter McKee</b>	
27. MOTHER'S NAME (First, middle, last) <b>Lonella Hudson</b>		28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>8215 Orchard Ave., La Mesa, CA 91941</b>		29. INFORMANT'S NAME (First, middle, last) <b>Karen Huff</b>		30. METHOD OF DISPOSITION <b>Funeral Home</b>	
31. DATE OF DEPOSITION (Month, Day, Year) <b>July 23, 1998</b>		32. PLACE OF DEPOSITION (Name of cemetery, funeral home, or other place) <b>Forest Lawn Cemetery</b>		33. LOCATION (City, State, ZIP Code) <b>Pine Bluff, AR 71602</b>		34. SIGNATURE OF EXAMINER <b>[Signature]</b>	
35. LICENSE NUMBER <b>1498</b>		36. NAME AND ADDRESS OF FUNERAL HOME <b>Brown Funeral Home 2704 Commerce Circle, Pine Bluff</b>		37. LICENSE NUMBER <b>108</b>		38. CAUSE OF DEATH (Specify, give grade, years, etc.) <b>Pending</b>	
39. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Pending</b>		40. CAUSE OF DEATH AS A CONSEQUENCE OF <b>Pending</b>		41. CAUSE OF DEATH AS A CONSEQUENCE OF <b>Pending</b>		42. CAUSE OF DEATH AS A CONSEQUENCE OF <b>Pending</b>	
43. PART II: Other significant conditions contributing to death but not resulting in the underlying cause, organ or system <b>Pending</b>		44. WAS AN AUTOPSY PERFORMED? <b>Yes</b>		45. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORRECTION OF CAUSE OF DEATH? (Yes or No) <b>Yes</b>		46. MANNER OF DEATH <b>Natural</b>	
47. DATE OF INJURY (Month, Day, Year) <b>July 15, 1998</b>		48. TIME OF INJURY <b>11:00 AM</b>		49. INJURY AT WORK <b>No</b>		50. DESCRIBE HOW INJURY OCCURRED <b>None</b>	
51. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify)) <b>At home</b>		52. LOCATION (Street and Number, or Rural Route Number, City or Town, State) <b>421 South Larch Street</b>		53. TIME OF DEATH <b>Unknown</b>		54. DATE PROCLAIMED DEAD (Month, Day, Year) <b>July 15, 1998</b>	
55. MEDICAL EXAMINER (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) of death as stated) <b>[Signature]</b>		56. DATE SIGNED (Month, Day, Year) <b>Jul 20, 1998</b>		57. CERTIFYING PHYSICIAN (On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) of death as stated) <b>[Signature]</b>		58. DATE SIGNED (Month, Day, Year) <b>Jul 20, 1998</b>	
59. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type Print) <b>Isivan F. Szentmarjany M.D. 3 Natural Resources Dr. Little Rock Arkansas 72215</b>		60. REGISTRAR'S SIGNATURE <b>[Signature]</b>		61. DATE SIGNED (Month, Day, Year) <b>Jul 20, 1998</b>		62. FILED (Month, Day, Year) <b>Jul 20, 1998</b>	

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